

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 4
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Reform America Fund	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00581934 </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Nonbox		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> 11 / 01 / 2016 </div>	
Mailing Address 5307 S 92nd St		Amount <div style="border: 1px solid black; padding: 2px;"> 303.30 </div>	
City Hales Corners	State WI	Zip Code 53130-1677	Transaction ID : EEE483052A8534D15831 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> 11 / 01 / 2016 </div>
Purpose of Expenditure Media Shipping & Handling		Category/ Type	
Name of Federal Candidate Feingold, Russ, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>WI</u>
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;"> 3091180.86 </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____

Full Name of Payee Nonbox		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> 11 / 01 / 2016 </div>	
Mailing Address 5307 S 92nd St		Amount <div style="border: 1px solid black; padding: 2px;"> 50000.00 </div>	
City Hales Corners	State WI	Zip Code 53130-1677	Transaction ID : E6363E0D5F4104CAC94B Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> 11 / 01 / 2016 </div>
Purpose of Expenditure Media Buy		Category/ Type	
Name of Federal Candidate Feingold, Russ, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>WI</u>
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;"> 3091180.86 </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px;"> 50303.30 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ►	<div style="border: 1px solid black; padding: 2px;"> _____ </div>
(c) TOTAL Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px;"> _____ </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Pickens, Lorri, , ,
[Electronically Filed]

Date

11 / 02 / 2016

Signature